

REPORTLINE
Virginia Department of Accounts
LOCALITY REQUEST FORM FOR CARS MONTHLY REPORTS ACCESS

Date	<hr/>	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(7 to 9-Character/Alpha-Numeric)</i>	<hr/>	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Your FIPS Number	<hr/>		
Locality Name	<hr/>		
Name	<hr/>	<hr/>	<hr/>
	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Signature	<hr/>		
Email Address	<hr/>		
Telephone	<hr/>		

Date	<hr/>	User <i>(check one)</i>	<input type="checkbox"/> Clerk's Office <input type="checkbox"/> Treasurer's Office
Logon ID (Create One) <i>(7 to 9-Character/Alpha-Numeric)</i>	<hr/>	Action <i>(check one)</i>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Delete
Your FIPS Number	<hr/>		
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	<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
Signature	<hr/>		
Email Address	<hr/>		
Telephone	<hr/>		

Authorized by (Locality):

 Signature

 Date

Entered by (DOA):

 Signature

 Date

Return Form To: Michael Rider, EDP
 Virginia Department of Accounts
 P. O. Box 1971
 Richmond, VA 23218-1971

804 / 225-3051

FAX 804 / 371-8587